

RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Tanning Termination of Registration Form

Registration Number: _____

Facility Name: _____

Owner's Name: _____

As of the _____ I no longer, offer the use of tanning equipment.
(Month/Day/Year)

Please check and/or completely fill out as applicable:

1. I currently own **ONE** tanning unit *exclusively* for my *personal use*, as evidence by the fact that I do not possess any tanning equipment in any area of my business (or, if my business is in my home, in any area Of my home) accessible to my employees or any member of the general public.
2. I currently have ___ (#of tanning units) **stored at facility** or ___ (#of tanning units) **stored** at location other than facility and or ___ (# of tanning units) for parts only (non-operational) or ___ (#of tanning units) **junked**.
3. I sold, gave, or exchanged ___ (# of tanning units) tanning units to the **business(s)** ___ or **individual(s)**___ or for **personal use** ___ **Please list below the name of person or business receiving tanning units:**

(Print name Of person or business receiving equipment)	
(Complete mailing address)	
(City, State, Zip Code) (Phone Number)	
Bed Name	Serial Number

For additional space, *please use* backside of this form

I have personally completed the statement above and attest to its veracity, and I hereby request termination of my tanning registration.

(Signature of Owner)

(Date)

State of North Carolina | Division of Health Service Regulation | Radiation Protection Section | Tanning and Radon Branch
N.C. DHHS is an equal opportunity employer and provider of services.
1645 Mail Service Center - Raleigh, North Carolina 27699-1600
Phone: (919) 814-2250 Visit Our website www.radiation.ncdhhs.gov

Title

Rev. 05/2022

Equipment Sold

(Print name of person or business receiving equipment)

(Complete Mailing address)

(City, State, Zip Code& phone number)

Bed Name:

Serial Number:

(Print name of person or business receiving equipment)

(Complete Mailing address)

(City, State, Zip Code& phone number)

Bed Name: _____

Serial Number: _____

(Print name Of person or business receiving equipment)

(Complete Mailing address)

(City, State, Zip Code& phone number)

Bed Name:

Serial Number:

(Print name or person or business receiving equipment)

(Complete Mailing address)

(City, State, Zip Code& phone number)

Bed Name:

Serial Number:

I have personally completed the statement above and attest to its veracity, and hereby request my registration to be amended.

(Signature of Owner)

(Date)

State of North Carolina I Division of Health Service Regulation I Radiation Protection Section I Tanning and Radon Branch
N.C. DHHS is an equal opportunity employer and provider of services.